	domine the department of 1 ability fraction by the section								
Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0700024	CHATFIELD HOLLOW S.P./MAIN WELL				NC	25	S	GW	
Local Address (v	Local Address (where applicable) Service Resid				Commerci	al Industri	al Combine	ed Agricultural	
381 ROUTE 80		Connections	4						

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Con	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2024		

	VV	ater System Facili	ity and Sampling i	oint ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Sta WQP 2 DI	_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
21196	WELL	2	WELL	Α					

				Contact Inf	ormation					
Name Organization								Job Title		
Mr. David Cooley Deep-Engineering Unit							Supv Civil Engineer			
Mailing Address Line One Mailing Address Line Two					City State			Zip Code		
163 Great Hill Road						Portland		СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-342-2215		860-344-2	2560	860-205-7552	860-424-3333	david.cooley@ct.gov				
				٠	1	1				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

Towns Served: KILLINGWORTH

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnectic	•						Ŭ			ection	
		Wa	ter Qua	lity Mo	onit	oring a	nd Con	nplia	ince S	ched	ule		
PWS ID	PW	S Name						Classif	fication F	opulatio	on Ov	ner Type I	Primary Source
СТ0700054	CHA	ATFIELD HOLI	LOW S.P./SH	IOP WELL				N	NC	25		S	GW
Local Addres	ss (where	e applicable)				Service	Residen	itial Co	ommercia	Indus	trial	Combined	d Agricultural
381 ROUTE 8	80					Connection	ns		1				
Towns Serve	ed: KILLIN	NGWORTH											
Water Syst	om Faci	litur DICTE	IDLITION C			oring Red	quireme	nts					
•		•	IIBUTIUN 3	TSTEIVI (WSF I	ט: טטטטטן					1	ti	
Total Colif	•	100) (Sampling P	oint ID)				Monitori	ina Dori	iod Co	llection			per quarter
		entory of Act		Points			4/1/19 -			incettori i	7 67700	Comp	idirec Status
Selecti	10111 11110	entory of Act	ive Jampinig	3 1 011113			7/1/19						
Physical Pa	aramete	ers (PPS)					771713	3/30/1	13		1 ro	utine (RT)	per quarter
_		(Sampling P	oint ID)				Monitori	ing Peri	iod Co	llection			liance Status
_	_	entory of Act		Points			4/1/19 -						
			· · ·				7/1/19 -						
Water Syst	em Faci	lity: ENTR	Y POINT (V	VSF ID: 00	0700)								
Nitrate An	d Nitrit	e (NOX)									1	routine (RT) per year
Sampli	ng Point	(Sampling P	oint ID)				Monitori	ing Peri	iod Co	llection	Period	l Comp	liance Status
ENTRY	POINT (3	3)					1/1/18 -	12/31/	18			С	omplete
							1/1/19 -						
							1/1/20 -		' 20				
				Oth	er C	omplian	ce Sched	lules					
Compliance	Schedul	e Activity						Due Da	ite	Aci	hieved	l Date	
RESPOND TO	SANITA	ARY SURVEY					1	1/22/20	007				
				Public	Not	ification	Require	emen	ts				
						ompliance	Notice		Public No	tificatio	<u>n</u>	PN Cei	<u>rtification</u>
Violation/Si	tuation					Period	Tier	Re	equired	Perforr	ned	Due to DPF	I Received
Physical Para	ameters	M&R Violation	on		7/1/	/14 - 9/30/1	4	11/	25/2015			12/5/2015	
			Water S	ystem F	acili	ity and S	ampling	Poin	t Inver	itory			
Water									Tot		ad and	1	
	Vater Sy:	stem Facility	,	Sampling ID	Point	Sampling F Description			Colif		opper	. Achastas	Stage WQP 2 DBPR
Facility ID	UCTDIDI I	TIONI CVCTEN	Λ						atus Ru		iie i ie	r Asbestos	WQP 2 DBPK
00600 D	ISTRIBU	TION SYSTEM	1	4	DEANA	WITHIN 5 S	ON SYSTEM		Α Y				
				UPSTRE			SERVICE COI		Α ^				
00700 F	NTRY PC	NINIT			AIVI				A				
		JIN I		3		ENTRY POI	INI		A				
21198 V	VELL			2	•	WELL			A				
						tact Info	rmation						
Name						rganization						Job Title	
Mr. David Co						eep-Enginee	ring Unit			Supv Ci	ivil En		
Mailing Add		Une		Mailing A	ddres	s Line Two			De	City		State	Zip Code
163 Great H		Francis 1	-			I - DI	F	. DI-	Portland			СТ	06480
Business P	none	Extension	Fax		Mobi	le Phone	Emergency	/ Phone	E Email A	adress			

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-342-2215

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quanty Fromtering and compliance beneaute							
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0700054	CHATFIELD HOLLOW S.P./SHOP WELL				NC	25	S	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
381 ROUTE 80		Connections			1			

Towns Served: KILLINGWORTH

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecti	cut Depar	tment of	Public F	lealth	Drin	king V	Water	Se	ction	
	Wa	ater Quali	ty Monit	oring an	d Com	pliar	ice Sc	hedu	le		
PWS ID	PWS Name					Classific	ation Po	opulation	Own	er Type Pi	rimary Source
СТ070008	DEER LAKE SCO	OUT RESERVATION	ON			NC	2	25		Р	GW
Local Add	ress (where applicable	e)		Service	Resident	tial Con	nmercial	Industr	ial	Combined	Agricultural
101 PAPE	R MILL ROAD			Connections			1				
Towns Sei	rved: KILLINGWORTH										
			Monito	oring Requ	uireme	nts					
Water Sy	stem Facility: DIST	RIBUTION SYS	STEM (WSF II	D: 00600)							
Total Co	liform (3100)							:	l rou	tine (RT)	oer quarter
Sam	pling Point (Sampling	Point ID)			Monitorii	ng Perio	d Coll	ection Pe	riod	Compli	ance Status
Selec	ct from Inventory of A	ctive Sampling P	oints		10/1/18 -	12/31/1	.8			Co	mplete
					1/1/19 -					Co	mplete
					4/1/19 -						
					7/1/19 -	9/30/19)				
-	Parameters (PPS)										per quarter
-	pling Point (Sampling				Monitorii	_		ection Pe	rioa		ance Status
Selec	ct from Inventory of A	ctive Sampling P	oints		10/1/18 -						mplete
					1/1/19 - 4/1/19 -					Co	mplete
					7/1/19 -						
Water Sv	stem Facility: ENT	RV POINT (W	SE ID: 00700)		7/1/19-	9/30/13					
	And Nitrite (NOX)	KI I OHEI (W	. 15. 007007						1 1	outine (R	T) per year
	pling Point (Sampling	Point ID)			Monitorii	ng Perio	d Coll	ection Pe		-	ance Status
-	RY POINT (3)	•			1/1/18 - :						mplete
	. ,				1/1/19 - :						
					1/1/20 - :	12/31/2	0				
		Water Sys	stem Facili	ty and Sai	mpling	Point	Inven	tory			
Water							Tota	al Lead	and		
System	Water System Facilit	ty So	ampling Point		int		Colifo	rm Cop	per		Stage
Facility ID			ID	Description		Stat	us Rul	e Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTE		4	DISTRIBUTIO		Α					
		D	OWNSTREAM								
			UPSTREAM	WITHIN 5 SEE		I A					
00700	ENTRY POINT		3	ENTRY POINT	<u> </u>	Α					
21200	WELL		2	WELL		А					
			Con	tact Infor	mation						
Name			Or	ganization						Job Title	
Mr. Mark	Clifton			S A / CT Yanke	e Council			Camp Ra	nger		
Mailing A	ddress Line One	N	Mailing Address	Line Two				City		State	Zip Code

Mobile Phone

СТ

06419

Killingworth

cliftonm511@gmail.com

Emergency Phone Email Address

203-421-8484

101 Paper Mill Road

Business Phone

203-421-4040

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

203-421-9911

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quality Fromtering and Compliance Schodale								
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
СТ0700084	DEER LAKE SCOUT RESERVATION			NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural		
101 PAPER MILL	ROAD	Connections		1					
Tarrina Camiradi. I	/ILLINICM/ODTLI	•							

Towns Served: KILLINGWORTH

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0700124	KILLINGWORTH COUNTRY MARKET			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
256 ROUTE 81		Connections		1			

Towns Served: KILLINGWORTH

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Public Notification Requirements												
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/19/2019		3/29/2019							
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/19/2019		3/29/2019							

	water	system Facili	ity and Sampling P	oint ir	iventoi	Y			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21204	WELL	2	WELL	Α					
54041	COUNTRY MARKET TREATMENT								
54043	WX302 BLADDER TANK								

	Co	ontact Information				
Name		Organization			Job Title	9
Mr. Nitrim Patel		Killingworth Country Market		Owner		
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	Zip Code
256 Route 81			Killingwo	orth	СТ	06419

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Departme	ent of	Public F	Health	D	rinking	g Water	Section					
	Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary	Source			
CT0700124	KILLINGWORTH	COUNTRY MARKET			NC	25	Р	G۱	N					
Local Address (w	here applicable)			Service	Resider	tial Commercial In		al Industri	al Combine	ed Agric	cultural			
256 ROUTE 81				Connections	5		1							
Towns Served: K	ILLINGWORTH													
Business Phone	e Extension	Fax	Mobile	e Phone E	mergency	/ Pho	one Email <i>i</i>	Address						
860-663-1698	860-663-1698 860-663-1698													
Courte et Dele/el.	entest Delech. Administrative Contest Level Contest.													

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	partment o	f Public H	lealth	Drin	ıking	g Wa	ater S	ection		
		Water Q	uality Moni	toring an	d Con	nplia	nce \mathfrak{S}	Sche	edule			
PWS ID		PWS Name	<u> </u>	0		Classifi				vner Type	Primar	y Source
CT070014	14	KILLINGWORTH LIBRARY				N	С	2	5	L	G	W
Local Add	lress (v	vhere applicable)		Service	Residen	tial Cor	mmerc	ial In	dustrial	Combine	ed Agr	icultural
301 ROUT	ΓE 81			Connections			1					
Towns Sei	rved: k	KILLINGWORTH						,				
			Monit	oring Requ	ıireme	nts						
Water Sy	/stem	Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)								
Total Co	liforn	n (3100)							1 ro	utine (R1) per q	uarter
Sam	pling F	Point (Sampling Point ID)			Monitori	ng Perio	od C	Collecti	ion Period	d Com	pliance .	Status
Selec	ct from	n Inventory of Active Samp	ling Points		10/1/18 -	12/31/	18				Complet	te
					1/1/19 -	3/31/19	9				Complet	te
					4/1/19 -	6/30/19	9					
					7/1/19 -	9/30/19	9					
Physical	Para	meters (PPS)							1 ro	utine (R1	') per q	uarter
_		Point (Sampling Point ID)			Monitori			Collecti	ion Period		pliance .	
Selec	ct from	n Inventory of Active Samp	ling Points		10/1/18 -						Complet	te
					1/1/19 -					ı	Complet	te
					4/1/19 -							
					7/1/19 -	9/30/19	9					
		Facility: ENTRY POINT	(WSF ID: 00700)								
		litrite (NOX)								L routine		-
		Point (Sampling Point ID)			Monitori			Collecti	ion Period		pliance .	
ENTF	RY POI	NT (3)			1/1/18 -						Complet	
					1/1/19 -					-	Complet	te
					1/1/20 -							
		Wate	r System Facil	lity and Sai	mpling	Point	t Inve	entor	У			
Water									Lead and			
-		er System Facility	Sampling Point		nt			iform			14/05	Stage
Facility ID		DIBLITION SYSTEM	ID	Description		Sta	tus	Rule	Rule Tie	r Asbesto	os WQP	2 DBPI
00600	DISTI	RIBUTION SYSTEM	4	DISTRIBUTIO				Y				
				WITHIN 5 SEF								
00=05			UPSTREAM	WITHIN 5 SEF								
00700		RY POINT	3	ENTRY POINT		A						
21206	WELI		2	WELL		Α	4					
			Coi	ntact Infori	mation							
Name			C)rganization						Job Title	e	
Mr. David	d L. De	nvir	T	own of Killingw	orth		1	Firs	t Selectm	an		
	1.1						1			10		

City

twn.killingworth@snet.net

Killingworth

Emergency Phone Email Address

860-663-1765

State

Zip Code

06419

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Contact Role(s): Legal Contact

Extension

Fax

860-663-3305

323 Route 81

Business Phone

860-663-1765

	Connectic	ut Depa	rtment	10	Public	Health	Drii	ıkıng	Water	Sec	tion	
	Wa	ter Qua	lity Mor	nito	oring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name						Classif	ication	Population	Owne	r Type I	Primary Source
СТ0700144	KILLINGWORTH	LIBRARY					N	IC	25		L	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	mmercia	al Industri	al C	ombine	d Agricultura
301 ROUTE 81					Connection	ns		1				
Towns Served: K	ILLINGWORTH				1	<u> </u>	,					
Name				Org	ganization					J	lob Title	
Killingworth Hea	Ith Department											
Mailing Address	Line One		Mailing Add	dress	Line Two				City		State	Zip Code
27 Commerce St								Clinton			СТ	06413
Business Phone	e Extension	Fax	N	1obile	e Phone	Emergency	/ Phone	Email A	ddress			
860-669-8659	1											
Contact Role(s):	Owner							1				
Name				Org	ganization					J	lob Title	
Mr. Paul Hutche	on			Τον	wn of Killing	gworth			Director o	of Heal	th	
Mailing Address	Line One		Mailing Add	dress	Line Two				City		State	Zip Code
323 Route 81								Killingw	orth .		СТ	06419
Business Phone	e Extension	Fax	N	1obile	e Phone	Emergency	/ Phone	Email A	ddress			
860-663-1765	223	860-663-3	3305 80	60-39	91-5190			phutch	eon@town	ofkillin	gworth.	com

Connecticut Department of Public Health Drinking Water Costion

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Local Address (where applicable) 36 HIDDEN PONE LANE Towns Served: KILLINGWORTH Monitoring Requirements		0		· CD lli v	y 1.1	D	. 1.	TAT .	C			
PWS ID PWS Name CT0700154 KILLINGWORTH VILLAGE CENTER			•				_			ection		
CTO700154 KILLINGWORTH VILLAGE CENTER Local Address (where applicable) Service Sol HIDDEN PONE LANE Connections Towns Served: KILLINGWORTH Monitoring Requirements Monitoring Requirements		Water Q	uality Mo	onitoring an	d Con	npli	iance S	Schedul	le			
Combined Agrice Connections Service Connections Service Connections Service Connections Service Connections Service Serv	PWS ID	PWS Name				Clas	sification	Population	Owi	ner Type P	rimary Source	
Towns Served: KILLINGWORTH Monitoring Requirements	СТ0700154	KILLINGWORTH VILLAGE	CENTER				NC	27		Р	GW	
Towns Served: KILLINGWORTH Monitoring Requirements	Local Address (v	vhere applicable)		Service	Resider	ntial	Commerci	al Industri	al	Combined	Agricultural	
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complet 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complet 11/19 - 3/31/19 Complet 11/19 - 3/31/19 Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complet 11/19 - 3/31/19 Complet 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Sampling Point (Sampling Point ID) FIT POINT (3) 10/1/18 - 12/31/18 Complet 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Other Compliance Schedules Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 9/8/2012 RESPOND TO SANITARY SURVEY 9/8/2012 RESPOND TO SANITARY SURVEY 1/11/2018 Public Notification Requirements Violation/Situation Price Regulized Performed Due to DPH Res Total Coliform MCL Violation 4/1/05 - 6/30/05 2 6/9/2005 6/19/2005	36 HIDDEN PON	IE LANE		Connections	;		5					
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A/1/19 - 6/30/19 Toutine (RT) per qualification Required (RT) Per qualification Respond to Compliance (RT) Per qualification Required (RT) Per qualification Period (RT) Period (RT) Per qualification Per qua	Select from	n Inventory of Active Samp	oling Points							Co	mplete	
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4/1/19 - 6/30/19 7/1/19 - 9/30/19 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 10/1/18 - 12/31/18 Complet 1/1/19 - 3/31/19 Complet 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Other Compliance Schedules Compliance Schedule Activity Due Date RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY Public Notification Requirements Violation/Situation PN Certification Required Performed Due to DPH Rec 1/1/19 - 6/30/05 PN Certification Required Performed Due to DPH Rec 1/1/19 - 9/30/19 Compliance Schedule Notiform MCL Violation A/1/05 - 6/30/05 A/1/19 - 9/30/19 Compliance Schedule Activity Public Notification Requirements Occupation Required Performed Due to DPH Rec 1/1/19 - 9/30/19 A/1/19 - 9	Select from	n Inventory of Active Samp	oling Points							Complete		
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RESPOND TO SANITARY SURVEY Public Notification Requirements Compliance Period Tier Required Performed Due to DPH Recurrent Control Coliform MCL Violation 4/1/05 - 6/30/05 2 6/9/2005 6/19/2005	Compliance Sch	edule Activity				Due L	Date	Achie	eved	Date		
Public Notification Requirements Compliance Period Tier Required Performed Due to DPH Recurrent Development Due to DPH Recurrent Development Devel	RESPOND TO SA	NITARY SURVEY				9/8/2	2012					
Compliance Violation/SituationNotice PeriodPublic Notification TierPublic Notification RequiredPN Certification Due to DPHTotal Coliform MCL Violation4/1/05 - 6/30/0526/9/20056/19/2005	RESPOND TO SA	NITARY SURVEY			-	1/11/	2018					
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								Performe			Received	
Total Coliform M&R Violation 1/1/16 - 1/31/16 2 7/30/2016 8/9/2016		/I&R Violation		1 1							4/22/2242	
	E. Colí		_						9 1	10/2/2018	1/22/2019	
Water System Facility and Sampling Point Inventory		Wate	r System F	acility and Sa	mpling	Poi	int Inve					
Water System Water System Facility Sampling Point Sampling Point Coliform Copper Facility ID Description Status Rule Rule Tier Asbestos WQP O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	System Wate Facility ID		ID	Description			Col Status R	iform Cop Rule Rule	per		Stage WQP 2 DBPR	

ENTRY POINT

WITHIN 5 SERVICE CON

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DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

00700 ENTRY POINT

WELL

21207

	Water Quality Moni	toring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source	
CT0700154	CT0700154 KILLINGWORTH VILLAGE CENTER						Р	GW
Local Address (where applicable) Service Re					Commerci	al Industri	al Combine	ed Agricultural
36 HIDDEN PON	6 HIDDEN PONE LANE Connections							

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Robert J. Sojka	, Jr.			Southport H	oldings I., LLC		Member		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
36 Hidden Pond Lar	ne					Trumbu	I	СТ	06611
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	ddress		
203-650-3870		203-254-	1437		203-254-1407	R.Sojka@	@ConcordCT.c	com	
Contact Role(s): A	dministrative	Contact, Ow	ner						
Name				Organization	1			Job Title	
Mr. Garth Brown				Killingworth	Village		President		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
P. O. Box 652						Hebron		СТ	06248
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
860-539-2487						webster	mgmt@sbcglo	obal.net	
Contact Role(s): Le	gal Contact				1				

Please note the following:

Towns Served: KILLINGWORTH

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co		•	tment of				`	_		ection	1	
		Wa	ter Quali	ity Monit	oring a	nd Comp	oliai	nce	Sche	edule			
PWS ID	PW	/S Name				С	lassific	cation	Popu	lation Ow	ner Type	Pr	imary Source
CT070017	4 20	6 ROUTE 80					NO	2	2	25	Р		GW
Local Add	ress (whe	re applicable)			Service	Residentia	l Cor	nmerc	ial In	dustrial	Combin	ed	Agricultural
					Connectio	ns		1					
Towns Ser	rved: KILLI	NGWORTH											
				Monit	oring Re	quirement	ts						
Water Sy	stem Fac	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Co	liform (3	3100)								1 rou	utine (R	T) p	er quarter
Samı	pling Poin	t (Sampling P	oint ID)			Monitoring	Perio	d (Collecti	ion Period	Com	plic	ance Status
Selec	ct from Inv	entory of Act	ive Sampling F	Points		10/1/18 - 12	2/31/1	18				Cor	mplete
						1/1/19 - 3,	/31/19	9				Cor	mplete
						4/1/19 - 6,	/30/19	9					
						7/1/19 - 9,	/30/19	9					
Physical	Paramet	ers (PPS)								1 rou	utine (R	T) p	er quarter
-		t (Sampling P	oint ID)			Monitoring	Perio	d (Collecti	ion Period	-		ance Status
Selec	ct from Inv	entory of Act	ive Sampling F	Points		10/1/18 - 12	2/31/1	18				Cor	mplete
						1/1/19 - 3,	/31/19	9				Cor	mplete
						4/1/19 - 6,	/30/19	9					
						7/1/19 - 9/	/30/19	9					
Water Sy	stem Fac	cility: ENTR	Y POINT (W	SF ID: 00700)									
		te (NOX)								1	routine	(R	T) per year
		t (Sampling P	oint ID)			Monitoring	Perio	d (Collecti	ion Period		-	ance Status
	RY POINT (•			1/1/18 - 12						-	mplete
		- /				1/1/19 - 12							mplete
						1/1/20 - 12							
			Mator Sy	stem Facil	ity and S				ntor	~			
			water sy	steili racii	ity aliu 3	amping P	OIIIL				•		
Water	Mater S	stem Facility	· · ·	ampling Point	Samplina I	Point			otal	Lead and Copper			Stage
System Facility ID		stem rucinty	30	ID	Description		Charl		Rule		Asbest	os	WQP 2 DBPR
00600		JTION SYSTEM	1	4		ION SYSTEM	Stat A	.43	Y	nuic rici	7132030		rigi zbbin
00000	DISTINIDO	THOIN STOTEIN		OOWNSTREAM			A		•				
			L	UPSTREAM		SERVICE CON	A						
00700	CNTDV D	OINT											
00700	ENTRY P	JINI		3	ENTRY POI	IN I	A						
21209	WELL			2	WELL		Α						
				Con	tact Info	ormation							
Name				0	rganization					_	Job Tit	le	
Mr. Ralph	Albanese)		20	06 Route 80				Ow	ner			
Mailing Ad	ddress Lin	e One	1	Mailing Addres	s Line Two				Ci	ty	State		Zip Code
92 R Hellg	ate Road							Durha	m		СТ		06422
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email	Addre	ss			

203-215-3592

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connectic	t Department of Public Health Drinking Water	Section
Wa	er Quality Monitoring and Compliance Schedu	le

	water Quarty Month	a Gon	трі	idifec t	Ciicaai	.C		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0700174 206 ROUTE 80						25	Р	GW
Local Address (v	Local Address (where applicable)			dential Commer		al Industri	al Combine	ed Agricultural
	Connections			1				

Towns Served: KILLINGWORTH

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Agricultural
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Stage
VQP 2 DBPR
Zip Code
Zip Code 06419

STLAWRENCEC@YAHOO.COM

860-663-4238

Contact Role(s): Administrative Contact, Legal Contact

860-663-2576

	Lonnecticu	t Depa	irtment	of Public	Health	Drii	ıkıng	g water	Section	
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0700184	ST LAWRENCE CHU	JRCH (WE	LL 2)		NC		26	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	ial Industri	al Combine	ed Agricultural
7 HEMLOCK DRIV	'E			Connectio	ns		2			
Towns Served: KI	LLINGWORTH				'	,		,		
Name				Organization					Job Title	e
St. Lawrence Chu	ırch of Killingwort	h								
Mailing Address	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
201 Broadway							Norwi	ch	СТ	06419
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email /	Address		
860-887-9294										
Contact Role(s):	Owner		,							

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population								wner Type	Primary Source			
СТ0700204	KILLINGWORTH TOWN HALL				NC	25		L	GW			
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Indust	rial	Combine	ed Agricultural			
ROUTE 81 Connections					4							
Towns Served:	KILLINGWORTH	•				*						

Towns Served: KILLINGWORTH						1
M	onitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	mplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ınce Status
Select from Inventory of Active Sampling Points		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate (1040)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ınce Status
ENTRY POINT (3)		10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Nitrite (1041)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ince Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Cor	nplete
		1/1/19 - 12	/31/19		Cor	nplete
		1/1/20 - 12	/31/20			
Public	c Notification F	Requirem	nents			
	Compliance	Notice	Public No	ublic Notification PN Certific		fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Repeat Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/9/2005		2/19/2005	
T	10/1/04 10/24/04		C /22 /200F		= /0 /000=	

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP .	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21210	WELL	2	WELL	Α								

6/23/2005

7/3/2005

10/1/04 - 10/31/04

Total Coliform M&R Violation

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source				
СТ0700204	KILLINGWORTH TOWN HALL			NC	25	L	GW					
Local Address (where applicable)	Service	Residen	ntial C	Commerci	al Industri	al Combine	ed Agricultural				
ROUTE 81	Connections			4								

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH

				Contact Inf	ormation					
Name				Organization	ı		Job Title			
Ms. Catherine lino				Town of Killi	Town of Killingworth First Selectman					
Mailing Address Lin	e One		Mailing	Address Line Two		City State			Zip Code	
Town Office Buildin	g		323 Rot	ıte 81		Killingwo	orth	СТ	06417	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-663-1765		860-663-	3305			ciino@to	@townofkillingworth.com			
Contact Role(s): Le	gal Contact									
Name				Organization	1			Job Title		
Mr. Paul Hutcheon				Town of Killi	ngworth		Director of	Health		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
323 Route 81						Killingwo	orth	СТ	06419	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Address			
860-663-1765	223	860-663-	3305	860-391-5190		phutche	on@townof	killingworth.	com	
Contact Role(s): A	dministrative	Contact	-		-	1				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	onnectic	ut Dena	rtme	nt of	Public	Health	D	rinki	ng V	Water	r Se	ction		
	U.		ter Qua							0			CUOII		
PWS ID	PV	VS Name	ter Qua	iicy iv	101110	or mg ar	iid Coii		ssification			_	ner Type	Prima	ary Source
CT0700214		. LAWRENCE (CHURCH (REC	C HALL)	WELL 1			O.G	NC	J	25	. 011	P		GW
		re applicable)		· · · · · · · · · · · · · · · · · · ·		Service	Residen	tial	_	ercial	Industr	rial	Combine		gricultural
7 HEMLOC	-	. с аррисалю,				Connection			1				••••••	<u> </u>	5
		INGWORTH							_						
				N	/lonite	oring Rec	quireme	nts							
Water Sys	stem Fa	cility: DISTR	IBUTION S'	YSTEM	(WSF I	D: 00600)									
Total Col	iform (3100)										1 rou	itine (RT) per	quarter
Samp	oling Poin	nt (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection Pe		- -	•	e Status
Select	t from In	ventory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				C	ompl	ete
							1/1/19 -	3/3	1/19				C	ompl	ete
							4/1/19 -	6/3	0/19						
							7/1/19 -	9/3	0/19						
Physical	Parame	ters (PPS)										1 roı	itine (RT) per	quarter
Samp	oling Poir	nt (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection Pe	eriod	Comp	lianc	e Status
Select	t from In	ventory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				C	ompl	ete
							1/1/19 -	3/3	1/19				C	compl	ete
							4/1/19 -	6/3	0/19						
							7/1/19 -	9/3	0/19						
Water Sys	stem Fa	cility: ENTR	Y POINT (V	VSF ID:	00700)										
Nitrate A	nd Nitr	ite (NOX)										1	routine (RT) p	oer year
Samp	oling Poin	nt (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection Pe	eriod	Comp	lianc	e Status
ENTR	Y POINT	(3)					1/1/18 -	12/3	31/18				C	Compl	ete
							1/1/19 -	12/3	31/19				C	Compl	ete
							1/1/20 -	12/3	31/20						
			Water Sy	ystem	Facili	ity and Sa	ampling	Po	int In	vent	ory				
Water										Tota	l Lead	d and			
System	Water S	ystem Facility		Samplin	g Point	Sampling P				Colifor	т Сор	oper			Stage
Facility ID				- II	D	Description)		Status	Rule	e Rule	e Tier	Asbesto	s WC	(P 2 DBPR
00600	DISTRIB	JTION SYSTEM	1	2		DISTRIBUTI			Α	Υ					
				DOWNS	TREAM	WITHIN 5 S	ERVICE COI	N	Α						
				UPSTI	REAM	WITHIN 5 S	ERVICE CO	N	Α						
00700	ENTRY P	OINT		3	}	ENTRY POIN	NT		Α						
22859	WELL #1			2	2	WELL #1			Α						
					Con	tact Info	rmation								
Name					0	rganization							Job Title		
Mr. Rev. R	lobert F.	Buongirno			St	. Lawrence C	Church			F	Pastor				
Mailing Ad	ldress Lin	e One		Mailing	Addres	s Line Two					City		State	Zip	o Code
7 Hemlock		1	I			1				ngwor			СТ	0	6419
Business	Phone	Extension	Fax		Mobi	le Phone	Emergency	Pho	one Em	ail Add	lress				

860-663-4238

Contact Role(s): Administrative Contact, Legal Contact

860-663-2576

STLAWRENCEC@YAHOO.COM

	Connecticut Wate		lity Mon					_				
PWS ID F	WS Name							fication		Owner Type	Prin	mary Source
CT0700214 S	T. LAWRENCE CHU	JRCH (RE	C HALL) WELL	1			N	١C	25	Р		GW
Local Address (wh	ere applicable)			Service	1	Resident	tial Co	ommerci	ial Industri	al Combine	ed	Agricultural
7 HEMLOCK DRIV	Ξ			Connecti	ons			1				
Towns Served: KII	LINGWORTH						·			'		
Name				Organization	1					Job Title	е	
Diocese of Norwi	ch											
Mailing Address L	ine One		Mailing Addr	ess Line Two					City	State	2	Zip Code
203 Broadway								Norwi	ch	СТ		06360
Business Phone	Extension	Fax	Mo	bile Phone	Em	ergency	Phone	Email	Address	ddress		
Contact Role(s):	Owner		1									

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	nartment of	Dublic L	Ioalth	Drir	alzino	T 11/2	tor C	oction	
	Connecticut De	uality Monit				•	_		ection	
DWC ID	PWS Name	quality Monit	ornig an	u Com			_		un or Tuno	Driman, Caura
PWS ID CT070028		WORTH				ICation IC	Popul 2		P P	Primary Source GW
	4 260 ROUTE 80 - KILLING ress (where applicable)	IWOKIH	Service	Residen		mmerc		dustrial	Combine	
LOCAI AUUI	ress (where applicable)		Connections	Residen	tiai Co	1	Iai III	uustriai	Combine	u Agricultura
Towns Sar	ved: KILLINGWORTH									
TOWIIS SET	ved. RILLINGWORTH	Monito	oring Requ	ıireme	nts					
Water Sys	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF I								
•	liform (3100)	`	•					1 ro	utine (RT) per quarter
	oling Point (Sampling Point ID)			Monitori	ng Peri	od C	Collecti	on Period	-	oliance Status
	t from Inventory of Active Sam			10/1/18 -	_					Complete
	•			1/1/19 -	3/31/1	19				Complete
				4/1/19 -						
				7/1/19 -						
Physical	Parameters (PPS)							1 ro	utine (RT) per quarter
Samp	oling Point (Sampling Point ID)			Monitori	ng Peri	od C	Collecti	on Period	d Comp	oliance Status
Selec	t from Inventory of Active Sam	pling Points		10/1/18 -	12/31/	/18			(Complete
				1/1/19 -	3/31/1	L9			(Complete
				4/1/19 -	6/30/1	L9				
				7/1/19 -	9/30/1	L9				
Water Sy:	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	Lroutine	(RT) per year
Samp	oling Point (Sampling Point ID)			Monitori	ng Peri	od C	Collecti	on Period	d Comp	oliance Status
ENTR	RY POINT (3)			1/1/18 -	12/31/	18			(Complete
				1/1/19 -	12/31/	19				
				1/1/20 -	12/31/2	20				
	Wate	er System Facili	ity and Sar	mpling	Poin	t Inve	entor	У		
Water						T	otal	Lead and	d	
System	Water System Facility	Sampling Point		int			iform	Copper		Stage
Facility ID		ID	Description			itus	Rule	Rule Tie	r Asbesto	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			A	Υ			
		DOWNSTREAM				A				
		UPSTREAM	WITHIN 5 SEF		N /	A				
00700	ENTRY POINT	3	ENTRY POINT	•	,	A				
47839	WELL 1	2	WELL 1		,	A				
54049	COUNTRY CLOVERLEAF TREATMENT SYSTEM									
		Con	tact Infori	mation						
Name		0	rganization						Job Title	
Mr. Jay Na	ahlawi	81	l Highmart LLC	,			Owr	ner		
Mailing Ac	ddress Line One	Mailing Addres	s Line Two				Cit	:у	State	Zip Code

Mobile Phone

Killingworth

highmart81@yahoo.com

Emergency Phone Email Address

860-663-2733

CT

06419

260 Rt 80

Fax

81 Highmart LLC

Business Phone

860-663-2733

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Connecticut Department of Public Health Drinking Water Section	
Water Quality Monitoring and Compliance Schedule	

	water quanty Monitoring and domphance schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0700284	260 ROUTE 80 - KILLINGWORTH		NC	25	Р	GW				
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural		
		Connections			1					

Towns Served: KILLINGWORTH

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De							ection	
		uality Monit	of mg and						
PWS ID	PWS Name			Cla				ner Type F	Primary Source
CT0709154	SHELDON FIELD				NC		25	L	GW
Local Address	(where applicable)		Service	Residential	Comm	nercial I	ndustrial	Combined	d Agricultural
ROUTE 80 (EA	ST OF TRAFFIC CIRCLE)		Connections		1	1			
Towns Served	KILLINGWORTH					·			
		Monito	oring Requ	irements	;				
Water Syster	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 rou	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		1	Monitoring F	Period	Collec	tion Period	Compl	liance Status
Select fro	m Inventory of Active Samp	ling Points	1	0/1/18 - 12/	31/18			C	omplete
				4/1/19 - 6/3	0/19				
				7/1/19 - 9/3					
Physical Par	ameters (PPS)			, , = = -70	,		1 roi	utine (RT)	per quarter
•	Point (Sampling Point ID)		1	Monitoring F	Period	Collec	tion Period		liance Status
	m Inventory of Active Samp	ling Points		.0/1/18 - 12/					omplete
30.0000		8		4/1/19 - 6/3					
				7/1/19 - 9/3					
Water System	m Facility: ENTRY POINT	(\MSE ID: 00700)		7/1/13 3/3	0, 13				
-	•	(4431 15.00700)					1	routino (PT\ por voor
	Nitrite (NOX) Point (Sampling Point ID)		,	Monitorina [Pariod	Callac	tion Period	_	RT) per year liance Status
				Monitoring F		Conec	tion Periou		
ENTRY PO	ואות (3)			1/1/18 - 12/3					omplete
				1/1/19 - 12/3					
				1/1/20 - 12/3					
	Water	^r System Facili	ity and San	npling Po	int Ir	nvento	ry		
Water System Wa Facility ID	ter System Facility	Sampling Point ID	Sampling Poin		Status	Total Coliform Rule			Stage WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION		A				
20000 2.0		DOWNSTREAM			Α				
		SF01	CONCESSION S		A	Υ			
		UPSTREAM	WITHIN 5 SER		A	•			
00700 FN	TDV DOINT			VICE COIN					
	TRY POINT	3	ENTRY POINT		A				
52659 WE	LL 1	2	WELL 1		A				
		Con	tact Inforn	nation					
Name		0	rganization					Job Title	
Mr. Paul Hutc	heon	To	own of Killingwo	orth		Di	rector of He	ealth	
Mailing Addre	ss Line One	Mailing Address	s Line Two			(City	State	Zip Code
323 Route 81					Kil	lingworth	า	СТ	06419

Emergency Phone Email Address

phutcheon@townofkillingworth.com

Mobile Phone

860-391-5190

Business Phone

860-663-1765

Extension

223

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-663-3305

Connecticut Department of Public Health Drinking Water Section	1
Water Quality Monitoring and Compliance Schedule	

	Tracer Quarre	y monneoning and	u 0011	· · P	idiioo c	onean		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0709154	SHELDON FIELD				NC	25	L	GW
Local Address (v	Local Address (where applicable)			ntial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 80 (EAST	Connections			1				
Tauraa Camradii I	ZILLINICIA/ODTLI	·						

Towns Served: KILLINGWORTH Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Department of	f Public I	Health D	rink	ing V	Vater Se	ction	
	Wat	ter Quality Monit	oring an	d Comp	liano	ce Sc	hedule		
PWS ID	PWS Name		0 -					ner Type P	rimary Source
CT0709164	THE COOKING CO	OMPANY - KILLINGWORTH			NC		37	P	GW
Local Address	(where applicable)		Service	Residentia		nercial	Industrial	Combined	Agricultural
187 ROUTE 82			Connections			1			0
	: KILLINGWORTH								
		Monit	oring Req	uirement	:S				
Water Syste	m Facility: DISTR	IBUTION SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100)						1 rou	itine (RT)	per quarter
Sampling	g Point (Sampling Po	oint ID)		Monitoring	Period	Colle	ection Period	Compl	iance Status
Select fro	om Inventory of Acti	ve Sampling Points		10/1/18 - 12	2/31/18			Co	omplete
				1/1/19 - 3/	31/19			Co	omplete
				4/1/19 - 6/	30/19				
				7/1/19 - 9/	′30/19				
Physical Par	rameters (PPS)						1 rou	itine (RT)	per quarter
Sampling	g Point (Sampling Po	oint ID)		Monitoring	Period	Colle	ection Period	Compl	iance Status
Select fro	om Inventory of Acti	ve Sampling Points		10/1/18 - 12	2/31/18			Co	omplete
				1/1/19 - 3/	31/19			Co	omplete
				4/1/19 - 6/	′30/19				
				7/1/19 - 9/	′30/19				
Water Syste	m Facility: ENTRY	POINT (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (I	RT) per year
Sampling	g Point (Sampling Po	oint ID)		Monitoring	Period	Colle	ction Period	Compl	iance Status
ENTRY P	OINT (3)			1/1/18 - 12	/31/18			Co	omplete
				1/1/19 - 12	/31/19			Co	omplete
				1/1/20 - 12	/31/20				
		Water System Facil	ity and Sa	mpling P	oint lı	nvent	ory		
Water							Lead and		
_	ater System Facility	Sampling Point		oint			m Copper		Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM		DISTRIBUTIO		Α				
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SE		Α				
00700 EN	TRY POINT	3	ENTRY POIN	Т	Α				
53137 WI	ELL	2	WELL		Α				
		Cor	tact Infor	mation					
Name		0	rganization					Job Title	
Ms. Susan Ba	uer	TI	he Cooking Co	mpany		C	Owner		
Mailing Addre	ess Line One	Mailing Addres	s Line Two				City	State	Zip Code
187 Route 81					Kil	llingwor	th	CT	06419
Business Ph	one Extension	Fax Mob	ile Phone E	mergency Ph	none En	nail Add	ress		

860-345-8028

Contact Role(s): Administrative Contact, Legal Contact, Owner

860-345-8008

PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0709164	THE COOKING COM	IPANY - K	KILLINGWORTI	ł		N	С	37	Р	GW
ocal Address (wh	nere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
187 ROUTE 81				Connection	ıs		1			
Γowns Served: KI	LLINGWORTH									
Name				Organization					Job Title	9
Main Street Cook	cery Real Estate LLC	3								
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
viaiiirig Address L							East Ha	nddam	СТ	06423
Mailing Address L 14 Landing Rd										

Please note the following:

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End of schedule

	Connecticut Departme	ent of	f Public H	ealth	Dı	rinking	Water S	Section	
	Water Quality I	Monit	coring and	d Con	ıpl	liance S	Schedule		
PWS ID	PWS Name				-		Population C		imary Source
CT0709174	183 ROUTE 81 LLC					NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial	Commerci	al Industrial	Combined	Agricultural
183 ROUTE 81			Connections			1			
Towns Served: I	KILLINGWORTH								
		Monit	oring Requ	ireme	nts	•			
Water System	Facility: DISTRIBUTION SYSTEM	(WSF I	D: 00600)						
Total Coliforn								outine (RT) բ	-
	Point (Sampling Point ID)			Monitori			ollection Perio	•	ance Status
Select from	Inventory of Active Sampling Points			10/1/18 -		mplete			
				1/1/19 -				Со	mplete
				4/1/19 -					
	. (550)			7/1/19 -	9/3	0/19	_	(>=\	
Physical Para				0.00		David C	1 r ollection Perio	outine (RT) p	-
	Point (Sampling Point ID) In Inventory of Active Sampling Points		<i>Monitori</i> 10/1/18 -			-	•		
Select Iron	i inventory of Active Sampling Points		<u> </u>	1/1/19 -			Complete Complete		
				4/1/19				CO	inpiete
				7/1/19 -					
Water System	Facility: POINT OF ENTRY (WSF	ID: 007	'00)	, , _, _,	3,0	3, 23			
Nitrate And N	,		•					1 routine (R	T) per vear
	Point (Sampling Point ID)			Monitori	ing P	Period C	ollection Perio	=	ance Status
POINT OF E	ENTRY (3)			1/1/18 -	12/3	31/18		Со	mplete
				1/1/19 -	12/3	31/19			•
				1/1/20 -	12/3	31/20			
	0	ther C	ompliance	Sched	lule	es			
Compliance Sch	edule Activity		•		Due	Date	Achieve	ed Date	
RESPOND TO SA				2	2/18,	/2013			
RESPOND TO SA	NITARY SURVEY			8	3/23,	/2017			
	Pub	lic Not	tification R	equire	eme	ents			
			Compliance	Notice			<u>otification</u>	PN Cert	<u>ification</u>
Violation/Situa	tion		Period	Tier		Required	Performed	Due to DPH	Received
E. Coli		4/1,	/16 - 6/30/16	3		11/7/2017		11/17/2017	
	Water Systen	n Facil	ity and Sar	npling	Ро	int Inve	ntory		
Water						To	otal Lead a	nd	
	-	_	Sampling Poi	nt			iform Coppe		Stage
Facility ID		ID	Description			Stutus	Rule Rule T	er Asbestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	4	DISTRIBUTION			A			
			WITHIN 5 SER			A			
00700 7.7		REAM	WITHIN 5 SER		N	Α			
	T OF ENTRY	3	POINT OF ENT	KY		Α			
53612 WELI		2	WELL			A			

 Contact Information

 Name
 Organization
 Job Title

 Mr. Dean Bochanis
 Owner

 Mailing Address Line One
 Mailing Address Line Two
 City
 State
 Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment of	Public F	Iealth	Dr	inking	g Water	Sec	tion	
	Wa	ter Qual	ity Monito	oring an	d Con	npli	ance S	Schedul	le		
PWS ID	PWS Name					Class	ification	Population	Owne	er Type	Primary Source
CT0709174	183 ROUTE 81 L		NC		25		Р	GW			
Local Address (w	here applicable)		Service	Residen	ntial (Commerci	al Industri	al C	ombine	ed Agricultural	
183 ROUTE 81				Connections			1				
Towns Served: K	LLINGWORTH										
878 East Pond M	eadow Road						Westb	rook		СТ	06498-2807
Business Phone	Extension	Fax	Mobile	e Phone E	mergency	/ Phor	e Email	Address			
203-605-6672											
Contact Role(s):	Administrative	Contact, Leg	al Contact, Own	er							

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	onnectic	•										ection	
			ter Qua	nty n	40mt	coring a	na Con							
PWS ID		/S Name						Cla	ssificati	on Po	-	on Ow		Primary Source
CT0709204		7 ROUTE 81							NC		25		Р	GW
Local Addr	ess (whe	re applicable)				Service	Residen	tial	Comm	ercial	Indu	strial	Combine	d Agricultural
						Connection	ns		2					
Towns Ser	ved: KILL	INGWORTH												
						oring Red	quireme	nts	3					
Water Sys	stem Fac	cility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)								
Total Col	liform (3	3100)										1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection	Period	Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				C	omplete
							1/1/19 -	3/3	1/19				C	omplete
							4/1/19 -	6/3	0/19					
							7/1/19 -	9/3	0/19					
Physical	Paramet	ters (PPS)										1 ro	utine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection	Period	Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling	Points			10/1/18 -	12/	31/18				C	omplete
							1/1/19 -	3/3	1/19				C	omplete
							4/1/19 -	6/3	0/19					
							7/1/19 -	9/3	0/19					
Water Sys	stem Fac	cility: ENTR	Y POINT (V	VSF ID:	00700)									
Nitrate A	and Nitri	te (NOX)										1	routine (RT) per year
		t (Sampling P	oint ID)				Monitori	ng F	Period	Colle	ection	Period	-	liance Status
ENTR	Y POINT ((3)					1/1/18 -	12/3	31/18				C	omplete
							1/1/19 -							omplete
							1/1/20 -							•
			Water Sy	ystem	Facil	ity and S		_	-	vent	ory			
Water				-		•				Tota		ad and	1	
System	Water S	ystem Facility		Samplin	g Point	Sampling P	Point			Colifor				Stage
Facility ID				1	D	Description	1		Status	Rule	e R	ule Tiei	Asbesto	S WQP 2 DBPR
00501	WELL 1			:	2	WELL 1			Α					
00600	DISTRIBU	JTION SYSTEM	1	4	4	DISTRIBUTI	ON SYSTEM	1	Α					
				DOWNS	STREAM	WITHIN 5 S	SERVICE CON	V	Α					
				UPST	REAM	WITHIN 5 S	SERVICE CON	V	Α					
00700	ENTRY P	OINT			3	ENTRY POI	NT		Α					
					Con	tact Info	rmation							
Name						rganization							Job Title	
Mr. Frank	M. D'and	Irea				rankdan Corp	 ງ			(Owner		1100 1100	
Mailing Ad				Mailing		s Line Two	-				City		State	Zip Code
P.O. Box 2					,	2			We	est Hav			CT	06516
Business		Extension	Fax		Mohi	ile Phone	Emergency	Pho					Ç1	00310
Du3IIIE33	i none	LATERISION	ıax		IVIUUI	IIC I HOHE	Lineigency	1 110	JIIC LIII	iuii Aut	11 633			

coffeepot91@aol.com

203-605-9000

203-799-9503

Contact Role(s): Administrative Contact, Legal Contact, Owner

203-799-9501

	Connecticut	•					_			
	Wate	r Qua	lity Mon	itoring a	ind Con	nplia	nce S	schedul	.e	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
СТ0709204	177 ROUTE 81					N	С	25	Р	GW
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
				Connection	ons		2			
Towns Served: KI	LLINGWORTH			U.					1	
Name				Organization					Job Title	e
177 Clinton Stree	et LLC									
Mailing Address	ine One		Mailing Add	ress Line Two				City	State	Zip Code
470 Derby Ave			P. O. Box271	.24			West H	laven	СТ	06516
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address	,	
Contact Role(s):	Owner		<u> </u>		1		1			

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C		'D 1.1' - 11	r - 141-	D	.1.1.1	XA7		C -	-11	
	Connecticut D Water (epartment of Quality Monit								ction	
PWS ID	PWS Name	Quality 1-101110	or mg am	u dom						er Tyne P	rimary Sour
CT0709194		-DINING HALL WELL 2	•		Cius	NC		300	O WIII	P	GW
	ress (where applicable)		Service	Residen	tial	Comme		ndustria		Combined	Agricultur
101 PAPER			Connections	1100101011		-				1	7.6
	ved: KILLINGWORTH										
		Monito	oring Requ	ireme	nts						
Water Sys	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)								
Total Col	iform (3100)							1	rou	tine (RT)	per quarte
	ling Point (Sampling Point ID))		Monitori	ng P	eriod	Collect	tion Peri			ance Status
Select	t from Inventory of Active Sar	npling Points		10/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	3/3:	1/19				Co	mplete
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
Physical	Parameters (PPS)							1	rou	tine (RT)	per quarte
Samp	ling Point (Sampling Point ID))		Monitori	ng P	eriod	Collect	tion Peri	iod	Compli	ance Status
Select	t from Inventory of Active Sar	npling Points	:	10/1/18 -	12/3	31/18				Co	mplete
				1/1/19 -	3/3:	1/19				Co	mplete
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
Water Sys	stem Facility: ENTRY POI	NT - WELL 2 (WSF II	D: 00700)								
	and Nitrite (NOX)									-	T) per yea
	ling Point (Sampling Point ID))		Monitori			Collect	tion Peri	iod		ance Status
EP - V	VELL 2 (3)			1/1/18 -						Со	mplete
				1/1/19 -							
				1/1/20 -					_		
	Wat	er System Facili	ity and Sar	npling	Po	int In	vento	ry			
Water								Lead a			
-	Water System Facility	Sampling Point		nt		(Coliform				Stag
Facility ID		ID	Description			<u>Status</u>	Rule	Rule I	ier	Aspestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A					
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	Α .					
	ENTRY POINT - WELL 2	3	EP - WELL 2			Α .					
	WELL 2	2	WELL 2			Α					
58011	BLADDER TANK										
		Con	tact Inforr	nation							
Name		0	rganization							Job Title	
Mr. Mark	Clifton	В	S A / CT Yanke	e Council			Ca	mp Ran	ger		

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

203-421-9911

101 Paper Mill Road

Business Phone

203-421-4040

State

СТ

City

cliftonm511@gmail.com

Killingworth

Emergency Phone | Email Address

203-421-8484

Zip Code

06419

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			J	0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0709194	DEER LAKE SCOUT RES	DINING	G HALL WELL 2			NC	300	Р	GW
Local Address (v	Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
101 PAPER MILL	01 PAPER MILL RD			Connections				1	

Towns Served: KILLINGWORTH

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Dej	•			_		ction
	ianty Monit	oring and Comp				T Deimon Common
PWS ID PWS Name		C				er Type Primary Source
CT0709214 PARMELEE FARMS			NC	2		L GW
Local Address (where applicable)		Service Residentia			dustrial	Combined Agricultural
465 ROUTE 81		Connections	1	L		
Towns Served: KILLINGWORTH						
		oring Requirement	ts			
Water System Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)				
Total Coliform (3100)					2 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 1	2/31/18			Complete
		1/1/19 - 3,	/31/19			Complete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Physical Parameters (PPS)					2 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 1	2/31/18			Complete
		1/1/19 - 3,	/31/19			Complete
		4/1/19 - 6,	/30/19			
		7/1/19 - 9,	/30/19			
Water System Facility: ENTRY POINT	- WELL 1 (WSF IC	D: 00700)				
Nitrate And Nitrite (NOX)		·			1 :	outine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
EP - WELL 1 (3)		1/1/18 - 12				Complete
()		1/1/19 - 12				Complete
		1/1/20 - 12				Р
Water System Facility: ENTRY POINT	- WELL 2 (WSF ID		,,			
Nitrate And Nitrite (NOX)	·				1 :	outine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
EP - WELL 2 (3)		1/1/18 - 12	2/31/18			Complete
		1/1/19 - 12				Complete
		1/1/20 - 12	2/31/20			<u> </u>
Water	System Facili	ty and Sampling P		nventor	V	
Water	•	, ,		Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00502 WELL 2 - GARDEN	2	WELL 2 - GARDEN	А			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α			·
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
	UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT - WELL 1	3	EP - WELL 1	Α			
00704 ENTRY POINT WELL 2		ED WELL 2				

EP - WELL 2

WELL 1 - HOUSE

Α

Α

3

2

00701 ENTRY POINT - WELL 2

59704 BLADDER TANK - WELL 2

58311 WELL 1 - HOUSE

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		<i>-</i>			1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0709214	PARMELEE FARMS				NC	29	L	GW
Local Address (\	where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
465 ROUTE 81			Connections		1			

Towns Served: KILLINGWORTH

				Contact Inf	ormation					
Name				Organization	Organization			Job Title		
Mr. Paul Hutcheon	Town of Killingworth Director of Health									
Mailing Address Lin	e One		Mailing A	Address Line Two	ress Line Two		City	State	Zip Code	
323 Route 81						Killingwo	orth	СТ	06419	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-663-1765	223	860-663-3	3305	860-391-5190		phutcheon@townofkillingworth.com			com	

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut De	•							ction	
	Water Q	Quality Monit	oring and							
PWS ID	PWS Name			Cla	ssificat	ion Pop	oulation	Owr	ner Type F	rimary Sourc
СТ070922	DEER LAKE SCOUT RESE	RVATION - WELL 3			NC		25		Р	GW
Local Add	lress (where applicable)		Service	Residential	Comm	nercial	Industri	al	Combined	Agricultura
101 PAPE	R MILL ROAD		Connections		1	L				
Towns Se	rved: KILLINGWORTH									
		Monito	oring Requ	irements	S					
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Co	oliform (3100)						1	rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point ID)		ı	Monitoring I	Period	Colle	ction Pe	riod	Compl	iance Status
Seled	ct from Inventory of Active Sam	pling Points	1	0/1/18 - 12,	/31/18				Co	omplete
				1/1/19 - 3/3	31/19				Co	omplete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Physical	Parameters (PPS)						1	rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point ID)		ı	Monitoring I	Period	Colle	ction Pe	riod	Compl	iance Status
Seled	ct from Inventory of Active Sam	pling Points	1	0/1/18 - 12,	/31/18				Co	omplete
				1/1/19 - 3/3	31/19				Co	omplete
				4/1/19 - 6/3	30/19					
				7/1/19 - 9/3	30/19					
Water Sy	stem Facility: ENTRY POIN	T - WELL 3 (WSF ID	D: 00700)							
Nitrate A	And Nitrite (NOX)							1	routine (I	RT) per year
Sam	pling Point (Sampling Point ID)		ı	Monitoring I	Period	Colle	ction Pe	riod	Compl	iance Status
EP - '	WELL 3 (3)			1/1/18 - 12/	31/18				Co	omplete
				1/1/19 - 12/	31/19					
				1/1/20 - 12/	31/20					
	Wate	er System Facili	ty and San	npling Po	oint Ir	nvent	ory			
Water		•	-			Total		and		
System	Water System Facility	Sampling Point	Sampling Poin	t		Colifori	п Сор	per		Stage
Facility IE		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT - WELL 3	3	EP - WELL 3		Α					
58471	WELL 3	2	WELL 3		Α					
58475	PRESSURE TANK									
		Con	tact Inforn	nation						
Name		Oı	rganization						Job Title	
Mr. Mark	Clifton		S A / CT Yankee	Council		С	amp Rar	nger		
Mailing A	ddress Line One	Mailing Address	s Line Two			1	City		State	Zip Code

Mobile Phone

101 Paper Mill Road
Business Phone

203-421-4040

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

203-421-9911

Killingworth

cliftonm511@gmail.com

Emergency Phone Email Address

203-421-8484

СТ

06419

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty 1.10111th	or mig and	a don	ipmamee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0709224	DEER LAKE SCOUT RESERVATION - WELL 3			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
101 PAPER MILI	L ROAD	Connections		1			
Towns Served: I	KILLINGWORTH						

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	f Public H	lealth	Dı	rinking	g Water	Section	
	Water Quality Monit	coring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0709234	163 ROUTE 81				NC	35	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			
Towns Served: K	ILLINGWORTH	'	1		1	<u>'</u>	,	'

Towns Served: KILLINGWORTH			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rout	ine (RT) per quartei
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Compl	liance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate

Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION EXEMPTION	3/1/2022		

	Wa	ater System Facili	ty and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
58762	WELL 1	2	WELL 1	Α					
58766	PRESSURE TANK								

			Co	ntact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Frasher Lulaj				Laforesta Re	staurant &Wine Bar		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
			8 Jacob Lane			Killingwo	orth	СТ	06419
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ddress		
203-809-5025						juvenyc(@yahoo.com		
Contact Role(s): A	dministrative Co	ntact, Leg	gal Contact, O	wner					

Connectic	t Department of Public Health Drinking	Water :	Section
Wa	er Quality Monitoring and Compliance So	chedule	9

water quanty monitoring and compliance selfedule										
PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT0709234	163 ROUTE 81				NC	35	Р	GW		
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
		Connections			1					

Towns Served: KILLINGWORTH

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule